

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/084 780  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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12						
13		12				
14		12				
15	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	61	↔	↔	↔	↔	
TOTAL CLAIMS	63	↔	↔	↔	↔	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		↔	↔	↔	↔	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS